

**Influenza RT- PCR  
Form 930**

**PURPOSE**

To provide health care providers with a means of influenza specimen and/or sample identification as well as other pertinent information necessary for Real Time PCR laboratory molecular analysis, patient's record, etc.

**EXPLANATION AND DEFINITION**

**All blanks on the form should be completed.** This form should ONLY be used for Influenza testing by RT- PCR.

For Lab Use Only section: Should remain blank

Patient Information

- Name and demographics must be filled in completely.

Patient History

- Date of Onset: Fill in the date the symptoms were reported.

Signs and Symptoms

- Check the appropriate box for all reported symptoms and include any not listed in the 'other' blank. Indicate pregnancy status and whether patient is hospitalized.

Flu Vaccination Status

- Place a check mark beside the appropriate response.
- If yes, write the date that the vaccination was given in the blank.
- Rapid Kit Test results, if performed, should be checked with date of testing.

Travel History

- 2 weeks before the onset of symptoms

Submitter Information

- Write the name of the physician submitting the specimen in the space provided.
- Write the institution submitting the specimen in the space provided.
- Write the address of the institution submitting the specimen in the space provided.
- Write the names that need to be contacted in the space provided.
- Write the daytime and after hours phone numbers for the contact person listed.

Sample type

- Place a check mark beside the appropriate response or specify specimen type.
- Fill out the date the specimen was collected in the space provided.